MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	\						51				
2		\		'			52				
3		\	·				53				
4		\					54				
5		\					55				
6	\						56				
7		\					57				
8	\						58				
9		\					59				
10		\					60				
11	\						61				
12		\					62				
13	\						63				
14		\					64				
15		\					65				
16	\						66				
17	\						67				
18		\					68				
19		\					69				
20							70				
21							71				
22							72				
23						/	73				
24							74				
25		'		-			75				
26		'					76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36		'	\				86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45		· ?					95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	9						TOTAL IND.				
TOTAL DEP.	10						TOTAL DEP.				
TOTAL CLAIMS	19						TOTAL CLAIMS				